

## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) <b>CHERKAS, LORI</b>				2. Social Security Number <b>(b) (6)</b>		3. Date of Birth <b>(b) (6)</b>		4. Effective Date <b>01-12-03</b>			
<b>FIRST ACTION</b>					<b>SECOND ACTION</b>						
5-A. Code <b>895</b>		5-B. Nature of Action <b>LOCALITY PAYMENT</b>			6-A. Code		6-B. Nature of Action				
5-C. Code <b>VGR</b>		5-D. Legal Authority <b>5 U.S.C. 5304</b>			6-C. Code		6-D. Legal Authority				
5-E. Code		5-F. Legal Authority			6-E. Code		6-F. Legal Authority				
7. FROM: Position Title and Number <b>0004196 ENVIRONMENTAL PROTECTION ASSISTANT</b>					15. TO: Position Title and Number <b>0004196 ENVIRONMENTAL PROTECTION ASSISTANT</b>						
8. Pay Plan <b>GS</b>		9. Occ. Code <b>0029</b>		10. Grade/Level <b>07</b>		11. Step/Rate <b>06</b>		12. Total Salary <b>\$37980.00</b>		13. Pay Basis <b>PA</b>	
12A. Basic Pay <b>33877.00</b>		12B. Locality Adj. <b>4103.00</b>		12C. Adj. Basic Pay <b>37980.00</b>		12D. Other Pay		16. Pay Plan <b>GS</b>		17. Occ. Code <b>0029</b>	
18. Grade/Level <b>07</b>		19. Step/Rate <b>06</b>		20. Total Salary/Award <b>\$38427.00</b>		21. Pay Basis <b>PA</b>		20A. Basic Pay <b>33877.00</b>		20B. Locality Adj. <b>4550.00</b>	
20C. Adj. Basic Pay <b>38427.00</b>		20D. Other Pay		22. Name and Location of Position's Organization <b>90342730 EPA, REGION 3 PHILADELPHIA, HAZARDOUS SITE CLEANUP DIVISION, ENFORCEMENT &amp; FEDERAL FACILITIES BR., COST RECOVERY SECTION PHILADELPHIA, PENNSYLVANIA</b>							
14. Name and Location of Position's Organization <b>90342730 EPA, REGION 3 PHILADELPHIA, HAZARDOUS SITE CLEANUP DIVISION, ENFORCEMENT &amp; FEDERAL FACILITIES BR., COST RECOVERY SECTION PHILADELPHIA, PENNSYLVANIA</b>											
<b>EMPLOYEE DATA</b>											
23. Veterans Preference <b>(b) (6)</b>				24. Tenure <b>1</b> 0 - None 1 - Permanent 2 - Conditional 3 - Indefinite				25. Agency Use <b>8</b>		26. Veterans Preference for RIF <b>(b) (6)</b>	
27. FEGLI <b>(b) (6)</b>				28. Annuitant Indicator <b>9</b> NOT APPLICABLE				29. Pay Rate Determinant <b>0</b>			
30. Retirement Plan <b>K</b> FERS & FICA				31. Service Comp. Date (Leave) <b>(b) (6)</b>				32. Work Schedule <b>F</b> FULL TIME			
33. Part-Time Hours Per Bweekly Pay Period <b>00</b>				34. Position Occupied <b>1</b> 1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserved				35. FLSA Category <b>N</b> E - Exempt N - Nonexempt			
36. Appropriation Code <b>8314</b>				37. Bargaining Unit Status <b>0011</b>				38. Duty Station Code <b>42-6340-101</b>			
39. Duty Station (City - County - State or Overseas Location) <b>PHILADELPHIA, PENNSYLVANIA</b>				40. AGENCY DATA <b>001</b>				41. <b>12-02-01</b>			
42. <b>AYM</b>				43. <b>10-09-88</b>				44. <b>Y 07-02-89 A</b>			
45. Remarks <b>SALARY INCLUDES A GENERAL INCREASE OF 3.1 PERCENT AND A LOCALITY PAYMENT APPLICABLE IN THIS AREA.</b>											

46. Employing Department or Agency <b>ENVIRONMENTAL PROTECTION AGENCY</b>			49. Signature/Authentication and Title of Approving Official <b>DEPUTY, HRO</b>		
47. Agency Code <b>EP 00</b>		48. Personnel Office ID <b>3260</b>		49. Approval Date <b>01-12-03</b>	
			STEVEN E. JOHNSON		

## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle)

CHERKAS, LORI

(b) (6)

3. Date of Birth

(b) (6)

4. Effective Date

01-13-02

## FIRST ACTION

## SECOND ACTION

5-A. Code

87A

PAY ADJ

5-A. Code

5-B. Nature of Action

5-C. Code

QWM

REG 531.205

5-C. Code

5-D. Legal Authority

5-E. Code

ZLM

5-E. Code

5-F. Legal Authority

7. FROM: Position Title and Number

0004196

ENVIRONMENTAL PROTECTION ASSISTANT

15. TO: Position Title and Number

0004196

ENVIRONMENTAL PROTECTION ASSISTANT

8. Pay Plan	9. Occ. Code	10. Grade/Level	11. Step/Rate	12. Total Salary	13. Pay Basis	16. Pay Plan	17. Occ. Code	18. Grade/Level	19. Step/Rate	20. Total Salary/Award	21. Pay Basis
GS	0029	07	06	\$35140.00	PA	GS	0029	07	06	\$36838.00	PA
12A. Basic Pay		12B. Locality Adj.		12C. Adj. Basic Pay	12D. Other Pay	20A. Basic Pay		20B. Locality Adj.		20C. Adj. Basic Pay	20D. Other Pay
31715.00		3425.00		35140.00		32839.00		3979.00		36838.00	

14. Name and Location of Position's Organization

90342730

EPA, REGION 3 PHILADELPHIA,  
HAZARDOUS SITE CLEANUP DIVISION,  
ENFORCEMENT & FEDERAL FACILITIES BR,  
COST RECOVERY SECTION  
PHILADELPHIA, PENNSYLVANIA

22. Name and Location of Position's Organization

90342730

EPA, REGION 3 PHILADELPHIA,  
HAZARDOUS SITE CLEANUP DIVISION,  
ENFORCEMENT & FEDERAL FACILITIES BR,  
COST RECOVERY SECTION  
PHILADELPHIA, PENNSYLVANIA

## EMPLOYEE DATA

23. Veterans Preference

(b) (6)

1 - None

3 - 10-Point/Disability

5 - 10-Point/Other

2 - 5-Point

4 - 10-Point/Compensable

6 - 10-Point/Compensable/30%

24. Tenure

1

0 - None

2 - Conditional

1 - Permanent

3 - Indefinite

8

25. Agency Use

(b) (6)

26. Veterans Preference for RIF

27. FEGLI

(b) (6)

28. Annuitant Indicator

9

NOT APPLICABLE

29. Pay Rate Determinant

0

30. Retirement Plan

(b) (6)

31. Service Comm. Date (Leave)

(b) (6)

32. Work Schedule

F

FULL TIME

33. Part-Time Hours Per

00

Biweekly

Pay Period

## POSITION DATA

34. Position Occupied

1

1 - Competitive Service

3 - SES General

2 - Excepted Service

4 - SES Career Reserved

35. FLSA Category

N

E - Exempt

N - Nonexempt

36. Appropriation Code

8314

37. Bargaining Unit Status

0011

38. Duty Station Code

42-6540-101

39. Duty Station (City - County - State or Overseas Location)

PHILADELPHIA, PENNSYLVANIA

40. AGENCY DATA

001

41.

12-02-01

42.

43.

AYM

44.

10-09-88 Y 07-02-89 A

45. Remarks

SALARY INCLUDES A GENERAL INCREASE OF 3.6 PERCENT AND A  
LOCALITY PAYMENT APPLICABLE IN THIS AREA.

46. Employing Department or Agency

ENVIRONMENTAL PROTECTION AGENCY

47. Signature/Authentication and Title of Approving Official

DEPUTY, HRD

47. Agency Code

EP 00

48. Personnel Office ID

3260

49. Approval Date

01-13-02

STEVEN E. JOHNSON



## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) **CHERKAS, LORI** 2. Social Security Number **(b) (6)** 3. Date of Birth **(b) (6)** 4. Effective Date **12-02-01**

FIRST ACTION		SECOND ACTION	
5-A. Code <b>B73</b>	5-B. Nature of Action <b>WITHIN-GRADE INC</b>	6-A. Code	6-B. Nature of Action
5-C. Code <b>Q7M</b>	5-D. Legal Authority <b>REG 531.404</b>	6-C. Code	6-D. Legal Authority
5-E. Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number  
**0004196**  
**ENVIRONMENTAL PROTECTION ASSISTANT**

8. Pay Plan	9. Occ. Code	10. Grade/Level	11. Step/Rate	12. Total Salary	13. Pay Basis
<b>GS</b>	<b>0029</b>	<b>07</b>	<b>05</b>	<b>\$34136.00</b>	<b>PA</b>

12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay
<b>30809.00</b>	<b>3327.00</b>	<b>34136.00</b>	

14. Name and Location of Position's Organization  
**90342730**  
**EPA, REGION 3 PHILADELPHIA,**  
**HAZARDOUS SITE CLEANUP DIVISION,**  
**ENFORCEMENT & FEDERAL FACILITIES BR,**  
**COST RECOVERY SECTION**  
**PHILADELPHIA, PENNSYLVANIA**

23. Veterans Preference  
**(b) (6)** 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other  
2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%

27. FEGLI  
**(b) (6)**

30. Retirement Plan  
**(b) (6)**

31. Service Comp. Date (Leave)  
**(b) (6)**

34. Position Occupied  
**1** 1 - Competitive Service 3 - SES General  
2 - Excepted Service 4 - SES Career Reserved

35. FLSA Category  
**N** E - Exempt N - Nonexempt

36. Appropriation Code  
**02 T 8314**

37. Bargaining Unit Status  
**0011**

38. Duty Station Code  
**42-6540-101**

39. Duty Station (City - County - State or Overseas Location)  
**PHILADELPHIA, PENNSYLVANIA**

40. AGENCY DATA  
**001**

41. **12-02-01**

42. **AYM**

43. **10-09-88 Y 07-02-89 A**

44. **WORK PERFORMANCE IS AT AN ACCEPTABLE LEVEL OF COMPETENCE.**

45. Remarks  
**THE WAITING PERIOD FOR YOUR NEXT WITHIN-GRADE INCREASE IS 104 WEEKS**

**FROM THE ABOVE EFFECTIVE DATE. THIS PERIOD CAN BE CHANGED BY AN EQUIV-**

**ALENT INCREASE ACTION, EXTENDED LEAVE WITHOUT PAY, OR NON-WORK DAYS IF**

**INTERMITTENT.**

46. Employing Department or Agency  
**ENVIRONMENTAL PROTECTION AGENCY**

47. Agency Code  
**EP 00**

48. Personnel Office ID  
**3260**

49. Approval Date  
**12-02-01**

50. Signature/Authentication and Title of Approving Official  
**DEPUTY, HRO**  
**STEVEN B. JOHNSON**





**Life Insurance Election**  
**Federal Employees' Group Life Insurance Program**  
See Privacy Act Statement on back of Part 3

Form Approved:  
OMB No. 3206-0230

**1 General Instructions**  
By law, unless you waive all coverage or are ineligible, you are automatically covered for Basic life insurance as an employee. When you first become eligible for FEGLI, you may (1) elect Basic and any or all of the options, (2) elect Basic but decline all of the options, or (3) waive all life insurance coverage. If you are changing a previous election, see the back of Part 3 - Employee Copy.

- Read the back of Part 3 - Employee Copy carefully.
- Assignees completing this form should read Items 5 and 6 on the back of Part 3.
- Do not separate the parts. Give this form to your employing office which will complete the form and return your copy to you.

**This election supersedes all previous elections.**

<b>2 Fill in identifying information concerning the employee:</b>			
Name (Last)	(First)	(Middle)	Date of birth (mm/dd/yyyy)
Cherkas	LORE		(b) (6)
Employing department or agency	OWCP claim number, if applicable	Department or agency location where employee works (City, state, ZIP Code)	
Environmental Protection Agency		Philadelphia, PA 19103 (34512)	

**3 To elect or retain Basic, sign and date below. If you do not sign for Basic, you may not elect or retain any form of optional insurance. If you do not want any insurance at all, skip to Section 5.**

<b>Basic</b>	I want Basic. I authorize deductions to pay my share of the cost. (Basic may be provided without cost to Postal Service employees.)	
	Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)	Date (mm/dd/yyyy)
	(b) (6)	(b) (6)

**4 Optional**  
If you signed for Basic in Item 3 above, you may elect or retain any or all of the following options (UNLESS you have previously waived any or all of these options, in which case you may elect only those options which you are eligible to elect as outlined in the FEGLI booklet.) Sign the box(es) below for any option(s) you are eligible for and wish to elect or retain. If you waive one or more of the options, your future opportunities to enroll in it are strictly limited. You will not be covered for any option(s) for which you do not sign below, regardless of whether you previously elected the option(s).

Option A - Standard	Option B - Additional	Option C - Family
I want Option A. I authorize deductions to pay the full cost.	I want Option B in the multiple of my annual basic pay I indicate below. I authorize deductions to pay the full cost.	I want Option C in the multiple I indicate below. I understand that each multiple is worth \$5,000 upon the death of my spouse, and \$2,500 upon the death of an eligible child. I authorize deductions to pay the full cost.
(b) (6)	(b) (6) 3 times my pay	(b) (6) 3 multiples
(b) (6) 1 times my pay	4 times my pay	(b) (6) 1 multiple
2 times my pay	5 times my pay	2 multiples
5 multiples		4 multiples
		5 multiples
Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)	Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)	Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)
(b) (6)	(b) (6)	(b) (6)

Date
(b) (6)

**5 If you want NO life insurance coverage, sign and date below.**

<b>Waiver of all life insurance coverage</b>	I want no life insurance coverage. I understand that any life insurance I have will stop at the end of the last day of the pay period in which my employing office receives this waiver. Further, I cannot get Basic life insurance unless (1) I wait at least 1 year after I sign this form and submit satisfactory results of a physical, or (2) I have a break in Federal service of at least 180 days, or (3) I participate in an open enrollment period, which is held infrequently. I understand that I cannot get any optional insurance unless I first have Basic. I understand that my decision to waive life insurance coverage now may affect my eligibility for coverage as a retiree.	
	Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)	Date (mm/dd/yyyy)
	(b) (6)	(b) (6)

<b>6 To be completed by agency.</b>	Remarks:	(b) (6)	Number of event permitting change (See back of Part 2)	(b) (6)
	Name and address of employing office	U.S. ENVIRONMENTAL PROTECTION AGENCY, REGION III HUMAN RESOURCES MANAGEMENT BRANCH, 3PM40 1650 ARCH STREET PHILADELPHIA, PA 19103-2029		
	Date received in employing office (mm/dd/yyyy)	10/17/01		
	Effective date of coverage (mm/dd/yyyy)	10/21/01		
I followed the instructions on the back of Part 1.				
Signature of authorized agency official Jacqueline Shines, Enpl Rel Spec				

The employee's copy of this form, when completed by the employing office, together with the FEGLI booklet (R 78-21 or R 78-20 for Postal Service employees) constitute the employee's Certificate of Insurance.

PART 1 - File in Official Personnel Folder

Standard Form 2817  
Rev. April 1999  
Note and unusable

This is an 'official' document generated from the eOPF system.



## Instructions for Agencies

### 1. Who Should File This Form

- New employees eligible for life insurance.
- Employees appointed to positions that allow life insurance coverage following service in positions which did not allow life insurance coverage.
- Employees who want to change their insurance.
- Reinstated employees who filed a previous waiver of life insurance and who were separated from service for at least 180 days.

Give a new employee a copy of the FEGLI booklet (RI 76-21 or RI 76-20 for Postal Service employees), when he or she reports for duty and ask the employee to return the completed SF 2817 as soon as possible (preferably before the end of the first pay period), but no later than 31 days after his or her appointment.

Employees with prior service in nonexcluded positions who were separated after March 31, 1981, will have an SF 2817 on file in their personnel folders, and that election or waiver of coverage may still be in effect. Do not accept a new SF 2817 unless the employee has a break in Federal service of at least 180 days or is eligible to cancel a previous waiver or declination that has been in effect for at least one year.

Until an employee's SF 2817 on file is verified, make deductions based on his or her statement about earlier insurance coverage in the employee's *Declaration for Federal Employment*, OF 306, if completed.

An employee may at any time file an SF 2817 to waive or reduce coverage, unless the employee has assigned his/her insurance coverage. If the employee has assigned the insurance, only the assignee(s) may waive or reduce the coverage (except for Option C which cannot be assigned).

An employee may elect or increase Basic, Option A, or Option B insurance (but not Option C), if a signed waiver has been in effect for more than one year, by submitting a *Request for Insurance*, SF 2822. If approved, ask the employee to submit an SF 2817 showing his or her election. More details are contained on the SF 2822.

An employee who is already enrolled in Basic may elect Option B and/or Option C within 60 days following marriage, divorce, spouse's death, or the acquisition of an eligible child. The number of multiples he or she may elect (up to 5 total) is limited to the following: (a) for marriage or acquisition of a child, the number of additional family members; (b) for divorce or death of spouse, the total number of the employee's dependent children.

An employee who is already enrolled in Option B and/or Option C for at least one multiple may change to a higher multiple within 60 days following marriage, divorce, spouse's death, or the acquisition of an eligible child. The number of multiples is limited as listed in the previous paragraph.

### 2. Review of Completed Form

Agencies should review the original and both copies of SF 2817 to see that they are legible and complete. If an employee signs the box for Option A, Option B, or Option C, he or she must also sign item 3, Basic.

Only the employee may sign this form in items 3, 4, or 5, with one exception (noted below). Signatures by guardians, conservators, or through a power of attorney are not acceptable.

**Exception:** If the employee assigned his or her insurance, only the assignee(s) may *waive* some or all of the employee's coverage. In that case, the assignee(s) must sign the form (although the information in Section 2 must refer to the employee). Please note that assignees cannot *increase* the employee's coverage. Only the employee can do that.

Instruct the employee that, while the agency will make sure that the SF 2817 is complete, he or she is solely responsible for ensuring that the SF 2817 accurately reflects his or her intentions.

### 3. Completion of Form

The Personnel Officer or his or her designated representative must confirm that the employee is eligible for the coverage that he or she has elected and sign the form in item 6.

### 4. Date Received

Enter the date the employing office received this form.

### 5. Number of Event Permitting Change

Enter the number of the event permitting a change, if applicable. See the Table of Effective Dates on the back of Part 2 for event numbers.

### 6. Effective Date of Coverage

Enter the effective date of coverage. For new and newly eligible employees: Basic is effective on the first day the employee is at work in a pay status; Optional coverage is effective on the first day the employee is at work in a pay status on or after the day the employing office receives the SF 2817. For changes in elections, see the Table of Effective Dates on the back of Part 2. If the employee elected more than one type of coverage and there is more than one effective date, write in both dates and provide details in the Remarks section.

### 7. Disposition of SF 2817

After completion, remove Part 3 and return it to the employee. File Part 1 in the employee's personnel folder. Destroy Part 2 after payroll office use.

### 8. Further Information

For further information, consult the FEGLI Handbook (RI 76-26) or the FEGLI Booklet (RI 76-21 or RI 76-20 for Postal Service employees), which are available on the FEGLI website at [www.opm.gov/insure/life](http://www.opm.gov/insure/life).





# NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) **CHERKAS, LORI** 2. Social Security Number **(b) (6)** 3. Date of Birth **(b) (6)** 4. Effective Date **10-21-01**

## FIRST ACTION SECOND ACTION

5-A. Code **BB1** 5-B. Nature of Action **FEGLI CHANGE** 6-A. Code 6-B. Nature of Action  
5-C. Code **DPM** 5-D. Legal Authority **5 U.S.C. CH. 87** 6-C. Code 6-D. Legal Authority  
5-E. Code 5-F. Legal Authority 6-E. Code 6-F. Legal Authority

7. FROM: Position Title and Number  
**N7558N  
ENVIRONMENTAL PROTECTION ASSISTANT**

15. TO: Position Title and Number  
**0004176  
ENVIRONMENTAL PROTECTION ASSISTANT**

8. Pay Plan	9. Occ. Code	10. Grade/Level	11. Step/Rate	12. Total Salary	13. Pay Basis	16. Pay Plan	17. Occ. Code	18. Grade/Level	19. Step/Rate	20. Total Salary/Award	21. Pay Basis
GS	0029	07	05	\$34136.00	PA	GS	0029	07	05	\$34136.00	PA

12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay	20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay
30809.00	3327.00	34136.00		30809.00	3327.00	34136.00	

14. Name and Location of Position's Organization  
**70342730  
EPA, REGION 3 PHILADELPHIA,  
HAZARDOUS SITE CLEANUP DIVISION,  
ENFORCEMENT & FEDERAL FACILITIES BR,  
COST RECOVERY SECTION  
PHILADELPHIA, PENNSYLVANIA**

22. Name and Location of Position's Organization  
**70342730  
EPA, REGION 3 PHILADELPHIA,  
HAZARDOUS SITE CLEANUP DIVISION,  
ENFORCEMENT & FEDERAL FACILITIES BR,  
COST RECOVERY SECTION  
PHILADELPHIA, PENNSYLVANIA**

## EMPLOYEE DATA

23. Veterans Preference **(b) (6)** 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other  
2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%

24. Tenure **1** 0 - None 2 - Conditional 3 - Indefinite  
1 - Permanent

25. Agency Use **8**

26. Veterans Preference for RIF **(b) (6)**

27. FEGLI **(b) (6)**

28. Annuity Indicator **9** NOT APPLICABLE

29. Pay Rate Determinant **0**

30. Retirement Plan **K** FERS & FICA

31. Service Comp. Date (Leave) **(b) (6)**

32. Work Schedule **F** FULL TIME

33. Part-Time Hours Per Biweekly Pay Period **00**

## POSITION DATA

34. Position Occupied **1** 1 - Competitive Service 3 - SES General  
2 - Excepted Service 4 - SES Career Reserved

35. FLSA Category **N** E - Exempt N - Nonexempt

36. Appropriation Code **8314**

37. Bargaining Unit Status **0011**

38. Duty Station Code **42-6540-101**

39. Duty Station (City - County - State or Overseas Location) **PHILADELPHIA, PENNSYLVANIA**

40. AGENCY DATA **001** 41. **12-05-99** 42. **AYM** 43. **10-09-88** 44. **Y 07-02-89 A**

45. Remarks

46. Employing Department or Agency **ENVIRONMENTAL PROTECTION AGENCY**

47. Agency Code **EP 00** 48. Personnel Office ID **3260** 49. Approval Date **10-21-01**

50. Signature/Authentication and Title of Approving Official  
**DEPUTY, ARO**  
**STEVEN E JOHNSON**



## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) <b>CHERKAS, LORI</b>					2. Social Security Number <b>(b) (6)</b>					3. Date of Birth					4. Effective Date <b>01-14-01</b>											
<b>FIRST ACTION</b>										<b>SECOND ACTION</b>																
5-A. Code <b>B94</b>					5-B. Nature of Action <b>PAY ADJ</b>					6-A. Code					6-B. Nature of Action											
5-C. Code <b>QWM</b>					5-D. Legal Authority <b>REG 531.205</b>					6-C. Code					6-D. Legal Authority											
5-E. Code <b>ZLM</b>					5-F. Legal Authority <b>E. O. 13182</b>					6-E. Code					6-F. Legal Authority											
7. FROM: Position, Title and Number <b>N755BN ENVIRONMENTAL PROTECTION ASSISTANT</b>										16. TO: Position, Title and Number <b>N755BN ENVIRONMENTAL PROTECTION ASSISTANT</b>																
8. Pay Plan <b>GS</b>		9. Occ. Code <b>0029</b>		10. Grade/Level <b>07</b>		11. Step/Rate <b>05</b>		12. Total Salary <b>\$32863.00</b>		13. Pay Basis <b>PA</b>		16. Pay Plan <b>GS</b>		17. Occ. Code <b>0029</b>		18. Grade/Level <b>07</b>		19. Step/Rate <b>05</b>		20. Total Salary/Award <b>\$34136.00</b>		21. Pay Basis <b>PA</b>				
12A. Basic Pay <b>29978.00</b>		12B. Locality Adj. <b>2865.00</b>		12C. Adj. Basic Pay <b>32863.00</b>		12D. Other Pay		20A. Basic Pay <b>30809.00</b>		20B. Locality Adj. <b>3327.00</b>		20C. Adj. Basic Pay <b>34136.00</b>		20D. Other Pay												
14. Name and Location of Position's Organization <b>90342730 EPA, REGION 3 PHILADELPHIA, HAZARDOUS SITE CLEANUP DIVISION, ENFORCEMENT &amp; FEDERAL FACILITIES BR, COST RECOVERY SECTION PHILADELPHIA, PENNSYLVANIA</b>										22. Name and Location of Position's Organization <b>90342730 EPA, REGION 3 PHILADELPHIA, HAZARDOUS SITE CLEANUP DIVISION, ENFORCEMENT &amp; FEDERAL FACILITIES BR, COST RECOVERY SECTION PHILADELPHIA, PENNSYLVANIA</b>																
<b>EMPLOYEE DATA</b>																										
23. Veterans Preference <b>(b) (6)</b> 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%										24. Tenure <b>1</b> 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite					25. Agency Use <b>B</b>		26. Veterans Preference for RIF <b>(b) (6)</b>									
27. FEGLI <b>(b) (6)</b>										28. Annuitant Indicator <b>9</b> NOT APPLICABLE					29. Pay Rate Determinant <b>0</b>											
30. Retirement Plan <b>K</b> FERS & FICA					31. Service Comp. Date (Leave) <b>(b) (6)</b>					32. Work Schedule <b>F</b> FULL TIME					33. Part-Time Hours Per Biweekly Pay Period <b>00</b>											
<b>POSITION DATA</b>																										
34. Position Occupied <b>1</b> 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved										35. FLSA Category <b>N</b> E - Exempt N - Nonexempt					36. Appropriation Code <b>B314</b>					37. Bargaining Unit Status <b>0011</b>						
38. Duty Station Code <b>42-6540-101</b>										39. Duty Station (City - County - State or Overseas Location) <b>PHILADELPHIA, PENNSYLVANIA</b>																
40. AGENCY DATA <b>001</b>					41. <b>12-05-99</b>					42.					43. <b>AYM</b>					44. <b>10-09-88 Y 07-02-89 A</b>						

## 45. Remarks

SALARY INCLUDES A GENERAL INCREASE OF 2.7 PERCENT AND A  
LOCALITY PAYMENT APPLICABLE IN THIS AREA.

46. Employing Department or Agency <b>ENVIRONMENTAL PROTECTION AGENCY</b>			50. Signature/Authentication and Title of Approving Official <b>DEPUTY, H. R. MGMT. BRANCH</b>		
47. Agency Code <b>EP 00</b>	48. Personnel Office ID <b>3260</b>	49. Approval Date <b>12-31-00</b>	ANGELA D. MOSBY		







## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle)

CHERKAS, LORI

2. Social Security Number

(b) (6)

3. Date of Birth

(b) (6)

4. Effective Date

09-17-00

## FIRST ACTION

5-A. Code  
721 REASSIGNMENT5-C. Code  
N2M REG 335.102

5-E. Code

## SECOND ACTION

6-A. Code 6-B. Nature of Action

6-C. Code 6-D. Legal Authority

6-E. Code 6-F. Legal Authority

## 7. FROM: Position Title and Number

N6083N  
ENVIRONMENTAL PROTECTION ASSISTANT

## 15. TO: Position Title and Number

N7558N  
ENVIRONMENTAL PROTECTION ASSISTANT

8. Pay Plan	9. Occ. Code	10. Grade/Level	11. Step/Rate	12. Total Salary	13. Pay Basis	16. Pay Plan	17. Occ. Code	18. Grade/Level	19. Step/Rate	20. Total Salary/Award	21. Pay Basis
GS	0025	07	05	\$32863.00	PA	GS	0025	07	05	\$32863.00	PA

12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay	20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay
29798.00	2865.00	32863.00		29798.00	2865.00	32863.00	

## 14. Name and Location of Position's Organization

90342490  
EPA, REGION 3 PHILADELPHIA,  
HAZARDOUS SITE CLEANUP DIVISION,  
REMOVAL BRANCH,  
BROWNFIELDS & SITE ASSESSMENT SECTION  
PHILADELPHIA, PENNSYLVANIA

## 22. Name and Location of Position's Organization

90342730  
EPA, REGION 3 PHILADELPHIA,  
HAZARDOUS SITE CLEANUP DIVISION,  
ENFORCEMENT & FEDERAL FACILITIES BR,  
COST RECOVERY SECTION  
PHILADELPHIA, PENNSYLVANIA

## EMPLOYEE DATA

23. Reference	24. Tenure	25. Agency Use	26. Veterans Preference for RIF
(b) (6) 1 - None 2 - 5-Point 3 - 10-Point/Disability 4 - 10-Point/Compensable 5 - 10-Point/Other 6 - 10-Point/Compensable/30%	1 0 - None 1 - Permanent 2 - Conditional 3 - Indefinite	8	(b) (6)

## 27. FEGLI

28. Annuity Indicator	29. Pay Rate Determinant
9 NOT APPLICABLE	0

## 30. Retirement Plan

K FERS & FICA	31. Service Comp. Date (Leave)	32. Work Schedule	33. Part-Time Hours Per Biweekly Pay Period
	(b) (6)	F FULL TIME	00

## POSITION DATA

34. Position Occupied	35. FLSA Category	36. Appropriation Code	37. Bargaining Unit Status
1 1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserved	N E - Exempt N - Nonexempt	8311	0011

## 38. Duty Station Code

42-6540-101 PHILADELPHIA, PENNSYLVANIA

40. AGENCY DATA	41.	42.	43.	44.
001	12-05-99		AYM	10-09-88 Y 07-02-89 A

## 45. Remarks

POSITION IS AT THE FULL PERFORMANCE LEVEL.

## 46. Employing Department or Agency

ENVIRONMENTAL PROTECTION AGENCY

## 50. Signature/Authentication and Title of Approving Official

DEPUTY, H&amp;R. MGMT. BRANCH

## 47. Agency Code

EP 00

## 48. Personnel Office ID

3260

## 49. Approval Date

09-17-00

ANGELA D. MOSBY

# NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) <b>CHERKAS, LORI</b>				2. Social Security Number <b>(b) (6)</b>		3. Date of Birth <b>(b) (6)</b>		4. Effective Date <b>04-23-00</b>			
<b>FIRST ACTION</b>					<b>SECOND ACTION</b>						
5-A. Code <b>881</b>		5-B. Nature of Action <b>FEGLI CHANGE</b>			6-A. Code		6-B. Nature of Action				
5-C. Code <b>DPM</b>		5-D. Legal Authority <b>5 U.S.C. CH. 87</b>			6-C. Code		6-D. Legal Authority				
5-E. Code		5-F. Legal Authority			6-E. Code		6-F. Legal Authority				
7. FROM: Position Title and Number <b>N6083N ENVIRONMENTAL PROTECTION ASSISTANT</b>					15. TO: Position Title and Number <b>N6083N ENVIRONMENTAL PROTECTION ASSISTANT</b>						
8. Pay Plan <b>GS</b>		9. Occ. Code <b>0029</b>		10. Grade/Level <b>07</b>		11. Step/Rate <b>05</b>		12. Total Salary <b>\$32863.00</b>		13. Pay Basis <b>PA</b>	
12A. Basic Pay <b>29998.00</b>		12B. Locality Adj. <b>2865.00</b>		12C. Adj. Basic Pay <b>32863.00</b>		12D. Other Pay <b>0.00</b>		15A. Basic Pay <b>29998.00</b>		15B. Locality Adj. <b>2865.00</b>	
15C. Adj. Basic Pay <b>32863.00</b>		15D. Other Pay <b>0.00</b>		15A. Basic Pay <b>29998.00</b>		15B. Locality Adj. <b>2865.00</b>		15C. Adj. Basic Pay <b>32863.00</b>		15D. Other Pay <b>0.00</b>	
14. Name and Location of Position's Organization <b>90342490 EPA, REGION 3 PHILADELPHIA, HAZARDOUS SITE CLEANUP DIVISION, REMOVAL BRANCH, BROWNFIELDS &amp; SITE ASSESSMENT SECTION PHILADELPHIA, PENNSYLVANIA</b>					22. Name and Location of Position's Organization <b>90342490 EPA, REGION 3 PHILADELPHIA, HAZARDOUS SITE CLEANUP DIVISION, REMOVAL BRANCH, BROWNFIELDS &amp; SITE ASSESSMENT SECTION PHILADELPHIA, PENNSYLVANIA</b>						
<b>EMPLOYEE DATA</b>											
23. Veterans Preference 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%				24. Tenure 1 - None 2 - Conditional 3 - Indefinite 1 - Permanent				25. Agency Use <b>8</b>		26. Veterans Preference for RIF <b>(b) (6)</b>	
27. FEGLI <b>(b) (6)</b>				28. Annuity Indicator <b>9 NOT APPLICABLE</b>				29. Pay Rate Determinant <b>0</b>			
30. Retirement Plan <b>K FERS &amp; FICA</b>				31. Service Comp. Date (Leave) <b>(b) (6)</b>				32. Work Schedule <b>F FULL TIME</b>			
33. Part-Time Hours Per Biweekly Pay Period <b>00</b>											
<b>POSITION DATA</b>											
34. Position Occupied 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved				35. FLSA Category <b>N</b> E - Exempt N - Nonexempt				36. Appropriation Code <b>8308</b>		37. Bargaining Unit Status <b>0011</b>	
38. Duty Station Code <b>42-6540-101</b>				39. Duty Station (City - County - State or Overseas Location) <b>PHILADELPHIA, PENNSYLVANIA</b>							
40. AGENCY DATA <b>001</b>		41. <b>12-05-99</b>		42.		43. <b>AYM</b>		44. <b>10-09-88 Y 07-02-89 A</b>			
45. Remarks											

46. Employing Department or Agency  
**ENVIRONMENTAL PROTECTION AGENCY**

47. Agency Code  
**EP 00**

48. Personnel Office ID  
**3260**

49. Approval Date  
**04-23-00**

50. Signature/Authentication and Title of Approving Official

**DEPUTY, H. R. MGMT. BRANCH**

**ANGELA D. MOSBY**



**FEGLI '99**

# FEGLI '99 Open Enrollment Period Election Form

Federal Employees' Group Life Insurance Program

**1 Instructions**  
Use this form ONLY for Open Enrollment Period elections during the FEGLI '99 Open Enrollment Period from April 24 - June 30, 1999. Use SF 2817, Life Insurance Election, for all other elections and all waivers of coverage.  
• Read the back of Part 3 - Employee Copy carefully.  
• Give your completed form to your human resources office.  
• Do not separate the parts. Your human resources office will complete the form and return your copy to you.  
This election supersedes all previous elections. Be sure you sign for ALL coverage you wish to have - not just for the new coverage you wish to elect during this open enrollment period.

**2 Effective date**  
New coverage you elect during this open enrollment period will be effective on the first day of your first pay period that begins on or after April 23, 2000, which immediately follows one in which you were at work in a pay status for at least 32 hours for full-time employees. If you are a part-time employee, you must have been at work in a pay status for one-half of the regularly scheduled tour of duty (TOD) shown on your current SF 50. If you are on an intermittent schedule or do not have a regularly scheduled TOD, you must have been at work in a pay status for one-half of the hours you customarily work. The new coverage will not be used in calculating any benefits payable before that effective date.

**3 Fill in identifying information about yourself**

Name (Last) <b>CHERKAS</b>	(First) <b>LORE</b>	(Middle)	Date of birth (mm/dd/yyyy) <b>(b) (6)</b>	Social Security Number <b>(b) (6)</b>
Employing department or agency <b>F.P.A.</b>			Department or agency location where you work (City, state, ZIP Code) <b>341533 Phila. PA</b>	

**4 Basic** To elect or retain Basic, sign and date below. If you do not sign for Basic, you may not elect or retain any form of Optional Insurance.  
I want Basic. I authorize deductions to pay my share of the cost. (Basic may be provided without cost to Postal Service employees.)

Signature (Do not print. Only you may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.) **(b) (6)** Date (mm/dd/yyyy)

**5 Optional** If you signed for Basic in Item 4 on this form, you may elect or retain any or all of the following options. Sign the box(es) below for any option(s) you wish to elect or retain. You will not be covered for any option(s) for which you do not sign below regardless of whether you previously elected the option(s).

Option A - Standard	Option B - Additional	Option C - Family
I want Option A. I authorize deductions to pay the full cost.	I want Option B in the multiple of my annual basic pay I indicate below. I authorize deductions to pay the full cost.	I want Option C in the multiple I indicate below. I understand that each multiple is worth \$5,000 upon the death of my spouse, and \$2,500 upon the death of an eligible child. I authorize deductions to pay the full cost.
<b>(b) (6)</b> 1 times my pay	<b>(b) (6)</b> 3 times my pay	<b>(b) (6)</b> 3 multiples
<b>(b) (6)</b> 2 times my pay	<b>(b) (6)</b> 4 times my pay	<b>(b) (6)</b> 4 multiples
	<b>(b) (6)</b> 5 times my pay	<b>(b) (6)</b> 5 multiples

Signature (Do not print. Only you may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)

Signature (Do not print. Only you may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)

Signature (Do not print. Only you may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)

**6 To be completed by agency.**

Remarks:

**OPEN SEASON**

Name and address of human resources office

US ENVIRONMENTAL PROTECTION AGENCY, REG III  
1650 ARCH STREET  
PHILADELPHIA, PA 19103

Date received in human resources office (mm/dd/yyyy)  
**06-30-99**

Effective date of coverage (mm/dd/yyyy)  
**04-23-2000**

I followed the instructions on the back of Part 1.

Signature of authorized agency official  
**JACQUELYNE SHINDS, EMPL REL SPEC**

The employee's copy of this form, when completed by the human resources office, together with the FEGLI Booklet (RI 76-21 or RI 76-20 for Postal Service employees) constitute the employee's Certificate of Insurance.

RI 76-27  
April 1999

CO 001 001 0

0000-0000

00000000

THE CHIEF OF POLICE, NEW YORK CITY

NEW YORK, N.Y. 10018

OFFICE OF THE CHIEF OF POLICE

OFFICE OF THE CHIEF OF POLICE







# THRIFT SAVINGS PLAN ELECTION FORM

**TSP-1**

Use this form to:

- Start or change your contributions to the Thrift Savings Plan (TSP)
- Stop your contributions to the TSP
- Indicate how you want your future contributions to be invested in the three TSP funds.

Before completing this form, please read the *Summary of the Thrift Savings Plan for Federal Employees* and the instructions on the back of this form. Type or print all information. Return the completed form to your agency employing office. Do not remove your copy. Your agency will return it to you after completing Section VII.

## I. INFORMATION ABOUT YOU

1. Cherkes Lori  
Name (Last) (First) (Middle)  
2. (b) (6)  
Street Address City State Zip Code  
3. (b) (6)  
Social Security Number Daytime Phone (Area Code and Number)  
5. (b) (6)  
Date of Birth (Month/Day/Year)  
6. USFPA 3HS33/Superfund  
Office Identification (Agency and Organization)

## II. AMOUNT OF YOUR CONTRIBUTIONS

If you complete this section,  
you must also complete  
Section IV.

Complete either Part A or Part B of this section.

**Part A:** To contribute to your TSP account, enter either a whole percentage of your basic pay per pay period (Item 7) or a whole dollar amount per pay period (Item 8).

**Part B:** If you are a FERS employee who is not, and will not be, contributing to your TSP account at this time, but you are allocating your Agency Automatic (1%) Contributions, check Item 9.

7. (b) (6) .0% OR 8. \$ (b) (6) 9. ☐ (Noncontributing FERS)

## III. STOPPING YOUR CONTRIBUTIONS

Do not complete Section II.  
FERS employees must  
also complete Section IV.

To stop your contributions to the TSP, check Item 10 and sign and date Items 15 and 16. If you are a FERS employee, your Agency Automatic (1%) Contributions will continue. You must complete Section IV to show how you want these contributions to be divided among the three TSP funds.

10. ☐ I want to stop contributing to my TSP account. I understand that my payroll deductions will stop at the end of the pay period in which my agency employing office accepts this form.

## IV. ALLOCATING CONTRIBUTIONS

You must also complete  
Section II or III.

Show how you want future contributions to your account to be divided among the G, F, and C Funds. Enter the percentage (in multiples of 5%) that you want invested in each fund. Do not use dollar amounts. The total of Items 11, 12, and 13 must equal 100%. If you are a FERS employee, the percentages that you choose will be applied to all contributions to your account, including Agency Automatic (1%) Contributions and Agency Matching Contributions.

If you invest in either the F or C Fund, you must sign Item 14; otherwise, your form will be returned to you unprocessed.

11. **G Fund** Government Securities Investment Fund (b) (6) 0%  
12. **F Fund** Fixed Income Index Investment Fund (b) (6) 0%  
13. **C Fund** Common Stock Index Investment Fund (b) (6) 0%  
Total 100.0%

## V. ACKNOWLEDGE- MENT OF RISK

Also sign Section VI.

I have chosen to invest in the F and/or C Fund. I understand that I am making this investment at my own risk. I also understand that I am not protected by either the U.S. Government or the Federal Retirement Thrift Investment Board against investment loss in the F or C Fund, and that neither the U.S. Government nor the Federal Retirement Thrift Investment Board guarantees a return on my investment.

14. Lori Cherkes  
Participant's Signature

## VI. SIGNATURE

You must sign Item 15 and date Item 16; otherwise, your form will be returned to you unprocessed.

15. Lori Cherkes  
Participant's Signature

16. 11/30/99  
Date Signed

## VII. FOR EMPLOYING OFFICE USE ONLY

17. 68-01-0015 18. EP00 19. 01-02-2000 20.   
Payroll Office Number Agency Code Effective Date TSPSCD (Optional)  
21. J. Bringer, Employee Relations Specialist 22. 12-31-1999  
Signature of Employing Office Official Acceptance Date  
23.  24. Open Season



This is an 'official' document generated from the eOPF system.



(Revised 7/97)



## INFORMATION AND INSTRUCTIONS

### GENERAL INFORMATION

You can start, change, or allocate your contributions only during the TSP open seasons (May 15 - July 31 and November 15 - January 31). However, you may submit the form at any time to stop your contributions (see Section III). Your Form TSP-1 will stay in effect until you submit another one or leave Federal service. Generally, you may not withdraw your TSP account while you are still employed by the Federal Government, although, beginning in late 1997, in-service withdrawals will be available for financial hardship or after age 59½. If you change your address, notify your agency employing office immediately, so that it can correct your records for your TSP account.

### SECTION I

Complete all items in this section.

### SECTION II

Complete Part A to start, continue, or change your TSP contributions.

**Item 7, Percentage of Basic Pay per Pay Period.** If you are covered by FERS or an equivalent retirement plan, you may contribute up to 10% of your basic pay each pay period. If you are covered by CSRS or an equivalent retirement plan, you may contribute up to 5% of your basic pay each pay period.

**Item 8, Dollar Amount per Pay Period.** The dollar amount you contribute cannot exceed the percentages shown above. You can contribute as little as \$1 per pay period.

**Complete Part B only** if you are covered by FERS and you choose not to contribute or are not eligible to contribute to your account at this time (that is, if you are submitting this form only to allocate your Agency Automatic (1%) Contributions in Section IV).

### SECTION III

Complete this section to stop your contributions. If you stop contributing during an open season, you will not be able to start again until the next TSP open season. If you stop contributing outside of an open season, you will not be able to start again until the second open season after this form is accepted by your agency employing office.

If you are a FERS employee who is stopping your contributions, you must also complete Section IV to show how you want your Agency Automatic (1%) Contributions to be divided among the G, F, and C Funds. You may submit another Form TSP-1 to change your allocation in any subsequent open season, even if you are not contributing to your account.

### SECTION IV

Complete this section to indicate how you want future contributions to be invested in the three TSP funds. All participants may invest all or any portion of the contributions to their accounts in any of the three funds. If you do not complete this section, your form will be returned to you unprocessed (unless you are a CSRS employee and you are submitting this form to stop your contributions).

### SECTION V

Complete this section if you invest in the F or C Fund. There is a risk of investment loss in both the F and C Funds. Read the acknowledgment of risk carefully before you sign it.

### SECTION VI

You must complete this section (even if you completed Section V).

### SECTION VII

*(To be completed by employing office)*

Enter the effective date of the action in Item 19. If this form is accepted during the portion of the open season that precedes the election period, the form should be made effective as of the first pay period that begins on or after the first day of the election period. (The election period is the last month of the open season.) If the form is accepted during the election period, it should be made effective as soon as administratively feasible, but no later than the first day of the pay period following acceptance of the form.

If a participant chooses to stop contributing to the TSP (Section III), deductions should stop at the end of the pay period in which the form is accepted, and the allocations should begin at the start of the following period.

Enter the acceptance date in Item 22. This is the date that the form is accepted by the agency employing office and is certified for processing. Item 23 is the date on which a participant may resume contributing to the TSP after stopping his or her contributions.

**PRIVACY ACT NOTICE.** We are authorized to request this information under 5 U.S.C. Chapter 84. Executive Order 9397 authorizes us to ask for your Social Security number, which will be used to identify your account. We will use the information you provide to process your Thrift Savings Plan Election Form (TSP-1). This information may also be shared with other Federal agencies to administer your account or for statistical, auditing, or archiving purposes. In addition, we may share the information with law enforcement agencies investigating, prosecuting, or enforcing a violation of civil or criminal law or with other agencies for the purpose of implementing a statute,

rule, or order. It may also be shared with Congressional offices, the TSP annuity vendor, retirement plan sponsors, auditing firms, spouses, former spouses, beneficiaries, persons responsible for your care, and representatives of your estate. It may also be released in response to a court subpoena or to appropriate parties preparing for or engaged in litigation affecting your TSP account. You are not required by law to provide this information, but if you do not provide it, it may not be possible to process the actions you request by this form.

Revised 7/97



## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) CHERKAS, LORI	2. Social Security Number (b) (6)	3. Date of Birth (b) (6)	4. Effective Date 01-02-00
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## FIRST ACTION

5-A. Code 874	5-B. Nature of Action PAY ADJ
5-C. Code QWM	5-D. Legal Authority REG 531. 205
5-E. Code ZLM	5-F. Legal Authority E. O. 13144

## SECOND ACTION

6-A. Code	6-B. Nature of Action
6-C. Code	6-D. Legal Authority
6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number  
N6083N  
ENVIRONMENTAL PROTECTION ASSISTANT

15. TO: Position Title and Number  
N6083N  
ENVIRONMENTAL PROTECTION ASSISTANT

8. Pay Plan GS	9. Occ. Code 0029	10. Grade/Level 07	11. Step/Rate 05	12. Total Salary \$31300.00	13. Pay Basis PA	16. Pay Plan GS	17. Occ. Code 0029	18. Grade/Level 07	19. Step/Rate 05	20. Total Salary/Award \$32863.00	21. Pay Basis PA
12A. Basic Pay 28901.00	12B. Locality Adj. 2399.00	12C. Adj. Basic Pay 31300.00	12D. Other Pay 0.00	20A. Basic Pay 29998.00	20B. Locality Adj. 2865.00	20C. Adj. Basic Pay 32863.00	20D. Other Pay 0.00				

14. Name and Location of Position's Organization  
90342490  
EPA, REGION 3 PHILADELPHIA,  
HAZARDOUS SITE CLEANUP DIVISION,  
REMOVAL BRANCH,  
BROWNFIELDS & SITE ASSESSMENT SECTION  
PHILADELPHIA, PENNSYLVANIA

22. Name and Location of Position's Organization  
90342490  
EPA, REGION 3 PHILADELPHIA,  
HAZARDOUS SITE CLEANUP DIVISION,  
REMOVAL BRANCH,  
BROWNFIELDS & SITE ASSESSMENT SECTION  
PHILADELPHIA, PENNSYLVANIA

## EMPLOYEE DATA

23. Veterans Preference (b) (6) 1 - None 2 - 5-Point 3 - 10-Point/Disability 4 - 10-Point/Compensable 5 - 10-Point/Other 6 - 10-Point/Compensable/30%	24. Tenure 1 0 - None 1 - Permanent 2 - Conditional 3 - Indefinite	25. Agency Use B	26. Veterans Preference for RIF (b) (6)
27. FEGLI (b) (6)	28. Annuitant Indicator 7 NOT APPLICABLE	29. Pay Rate Determinant 0	
30. Retirement Plan K FERS & FICA	31. Service Comp. Date (Leave) (b) (6)	32. Work Schedule F FULL TIME	33. Part-Time Hours Per Biweekly Pay Period 00

## POSITION DATA

34. Position Occupied 1 1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserved	35. FLSA Category N E - Exempt N - Nonexempt	36. Appropriation Code 8308	37. Bargaining Unit Status 0011
38. Duty Station Code 42-6540-101	39. Duty Station (City - County - State or Overseas Location) PHILADELPHIA, PENNSYLVANIA		

40. AGENCY DATA 001	41. 12-05-99	42.	43. AYM	44. 10-09-88 Y 07-02-89 A
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## 45. Remarks

SALARY INCLUDES A GENERAL INCREASE OF 3.8 PERCENT AND A  
LOCALITY PAYMENT APPLICABLE IN THIS AREA.

46. Employing Department or Agency  
ENVIRONMENTAL PROTECTION AGENCY

50. Signature/Authentication and Title of Approving Official  
DEPUTY, H. R. MGMT. BRANCH

47. Agency Code EP 00	48. Personnel Office ID 3260	49. Approval Date 01-02-00
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ANGELA D. MOSBY

# NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) **CHERKAS, LORI** 2. Social Security Number **(b) (6)** 3. Date of Birth **(b) (6)** 4. Effective Date **12-05-99**

FIRST ACTION		SECOND ACTION	
5-A. Code <b>B93</b>	5-B. Nature of Action <b>WITHIN-GRADE INC</b>	6-A. Code	6-B. Nature of Action
5-C. Code <b>Q7M</b>	5-D. Legal Authority <b>REG 531.404</b>	6-C. Code	6-D. Legal Authority
5-E. Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number  
**N6083N  
ENVIRONMENTAL PROTECTION ASSISTANT**

15. TO: Position Title and Number  
**N6083N  
ENVIRONMENTAL PROTECTION ASSISTANT**

8. Pay Plan	9. Occ. Code	10. Grade/Level	11. Step/Rate	12. Total Salary	13. Pay Basis	16. Pay Plan	17. Occ. Code	18. Grade/Level	19. Step/Rate	20. Total Salary/Award	21. Pay Basis
<b>GS</b>	<b>0029</b>	<b>07</b>	<b>04</b>	<b>\$30379.00</b>	<b>PA</b>	<b>GS</b>	<b>0029</b>	<b>07</b>	<b>05</b>	<b>\$31300.00</b>	<b>PA</b>

12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay	20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay
<b>28051.00</b>	<b>2328.00</b>	<b>30379.00</b>	<b>0.00</b>	<b>28901.00</b>	<b>2399.00</b>	<b>31300.00</b>	<b>0.00</b>

14. Name and Location of Position's Organization  
**90342490  
EPA, REGION 3 PHILADELPHIA,  
HAZARDOUS SITE CLEANUP DIVISION,  
REMOVAL BRANCH,  
BROWNFIELDS & SITE ASSESSMENT SECTION  
PHILADELPHIA, PENNSYLVANIA**

22. Name and Location of Position's Organization  
**90342490  
EPA, REGION 3 PHILADELPHIA,  
HAZARDOUS SITE CLEANUP DIVISION,  
REMOVAL BRANCH,  
BROWNFIELDS & SITE ASSESSMENT SECTION  
PHILADELPHIA, PENNSYLVANIA**

EMPLOYEE DATA				24. Tenure		25. Agency Use		26. Veterans Preference for RIF	
23. Veterans Preference <b>(b) (6)</b> 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%				1 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite		B		<b>(b) (6)</b>	
27. FEGLI <b>(b) (6)</b>				28. Annuitant Indicator <b>7 NOT APPLICABLE</b>		29. Pay Rate Determinant <b>0</b>			
30. Retirement Plan <b>K FERS &amp; FICA</b>				31. Service Comp. Date (Leave) <b>(b) (6)</b>		32. Work Schedule <b>F FULL TIME</b>		33. Part-Time Hours Per Biweekly Pay Period <b>00</b>	

POSITION DATA				35. FLSA Category		36. Appropriation Code		37. Bargaining Unit Status	
34. Position Occupied <b>1</b> 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved				<b>N</b> E - Exempt N - Nonexempt		<b>00 T 8308</b>		<b>0011</b>	
38. Duty Station Code <b>42-6540-101</b>				39. Duty Station (City - County - State or Overseas Location) <b>PHILADELPHIA, PENNSYLVANIA</b>					
40. AGENCY DATA <b>001</b>		41. <b>12-05-99</b>		42.		43. <b>AYM</b>		44. <b>10-09-88 Y 07-02-89 A</b>	

45. Remarks  
WORK PERFORMANCE IS AT AN ACCEPTABLE LEVEL OF COMPETENCE.  
THE WAITING PERIOD FOR YOUR NEXT WITHIN-GRADE INCREASE IS 104 WEEKS  
FROM THE ABOVE EFFECTIVE DATE. THIS PERIOD CAN BE CHANGED BY AN EQUIV-  
ALENT INCREASE ACTION, EXTENDED LEAVE WITHOUT PAY, OR NON-WORK DAYS IF  
INTERMITTENT.

46. Employing Department or Agency			50. Signature/Authentication and Title of Approving Official	
<b>ENVIRONMENTAL PROTECTION AGENCY</b>			<b>DEPUTY, H.R. MGMT. BRANCH</b>	
47. Agency Code <b>EP 00</b>	48. Personnel Office ID <b>3260</b>	49. Approval Date <b>12-05-99</b>	<b>ANGELA D. MOSBY</b>	



## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle)

CHERKAS, LORI

FIRST ACTION

2. Social Security Number

(b) (6)

3. Date of Birth

(b) (6)

4. Effective Date

05-23-99

5-A. Code

5-B. Nature of Action

780 NAME CHANGE FROM

5-C. Code

5-D. Legal Authority

CGM 5 U.S.C. 552A (F) (5)

5-E. Code

5-F. Legal Authority

SECOND ACTION

6-A. Code

6-B. Nature of Action

6-C. Code

6-D. Legal Authority

6-E. Code

6-F. Legal Authority

7. FROM: Position Title and Number

N6083N

ENVIRONMENTAL PROTECTION ASSISTANT

15. TO: Position Title and Number

N6083N

ENVIRONMENTAL PROTECTION ASSISTANT

8. Pay Plan	9. Occ. Code	10. Grade/Level	11. Step/Rate	12. Total Salary	13. Pay Basis	16. Pay Plan	17. Occ. Code	18. Grade/Level	19. Step/Rate	20. Total Salary/Award	21. Pay Basis
GS	0029	07	04	\$30379.00	PA	GS	0029	07	04	\$30379.00	PA
12A. Basic Pay		12B. Locality Adj.		12C. Adj. Basic Pay		20A. Basic Pay		20B. Locality Adj.		20C. Adj. Basic Pay	
28051.00		2328.00		30379.00		28051.00		2328.00		30379.00	
12D. Other Pay				0.00		20D. Other Pay				0.00	

14. Name and Location of Position's Organization

90342470

EPA, REGION 3 PHILADELPHIA,  
HAZARDOUS SITE CLEANUP DIVISION,  
REMOVAL BRANCH,  
SITE ASSESSMENT & CEPP SECTION  
PHILADELPHIA, PENNSYLVANIA

22. Name and Location of Position's Organization

90342470

EPA, REGION 3 PHILADELPHIA,  
HAZARDOUS SITE CLEANUP DIVISION,  
REMOVAL BRANCH,  
SITE ASSESSMENT & CEPP SECTION  
PHILADELPHIA, PENNSYLVANIA

EMPLOYEE DATA

23. Veterans Preference

(b) (6) 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other  
2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%

27. FEGLI

(b) (6)

30. Retirement Plan

K FERS &amp; FICA

POSITION DATA

34. Position Occupied

1 1 - Competitive Service 3 - SES General  
2 - Excepted Service 4 - SES Career Reserved

38. Duty Station Code

42-6540-101

31. Service Comp. Date (Leave)

(b) (6)

35. FLSA Category

N E - Exempt  
N - Nonexempt

39. Duty Station (City - County - State or Overseas Location)

PHILADELPHIA, PENNSYLVANIA

40. AGENCY DATA

001

41.

11-30-97

42.

43.

YM

44.

10-09-88 Y 07-02-89 A

45. Remarks

NAME CHANGED FROM MILLER, LORI  
NAME CHANGE DUE TO MARRIAGE.

24. Tenure

1 0 - None 2 - Conditional  
1 - Permanent 3 - Indefinite

28. Annuitant Indicator

9 NOT APPLICABLE

32. Work Schedule

F FULL TIME

36. Appropriation Code

8308

37. Bargaining Unit Status

0011

46. Employing Department or Agency

ENVIRONMENTAL PROTECTION AGENCY

47. Agency Code

ED 00

48. Personnel Office ID

3260

49. Approval Date

05-23-99

50. Signature/Authentication and Title of Approving Official

DEPUTY, H.R. MGMT. BRANCH

[Signature]

MIRIA M. MOSBY

## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) <b>MILLER, LORI</b>						2. Social Security Number <b>(b) (6)</b>		3. Date of Birth <b>(b) (6)</b>		4. Effective Date <b>04-25-99</b>													
<b>FIRST ACTION</b>						<b>SECOND ACTION</b>																	
5-A. Code <b>966</b>		5-B. Nature of Action <b>ADMINISTRATIVE CHANGE</b>				6-A. Code		6-B. Nature of Action															
5-C. Code		5-D. Legal Authority				6-C. Code		6-D. Legal Authority															
5-E. Code		5-F. Legal Authority				6-E. Code		6-F. Legal Authority															
7. FROM: Position Title and Number <b>N6083N ENVIRONMENTAL PROTECTION ASSISTANT</b>						15. TO: Position Title and Number <b>N6083N ENVIRONMENTAL PROTECTION ASSISTANT</b>																	
8. Pay Plan <b>GS</b>		9. Occ. Code <b>0029</b>		10. Grade/Level <b>07</b>		11. Step/Rate <b>04</b>		12. Total Salary <b>\$30379.00</b>		13. Pay Basis <b>PA</b>		16. Pay Plan <b>GS</b>		17. Occ. Code <b>0029</b>		18. Grade/Level <b>07</b>		19. Step/Rate <b>04</b>		20. Total Salary/Award <b>\$30379.00</b>		21. Pay Basis <b>PA</b>	
12A. Basic Pay <b>28051.00</b>		12B. Locality Adj. <b>2328.00</b>		12C. Adj. Basic Pay <b>30379.00</b>		12D. Other Pay <b>0.00</b>		20A. Basic Pay <b>28051.00</b>		20B. Locality Adj. <b>2328.00</b>		20C. Adj. Basic Pay <b>30379.00</b>		20D. Other Pay <b>0.00</b>									
14. Name and Location of Position's Organization <b>90342470 EPA, REGION 3 PHILADELPHIA, HAZARDOUS SITE CLEANUP DIVISION, REMOVAL BRANCH, SITE ASSESSMENT &amp; CEPP SECTION PHILADELPHIA, PENNSYLVANIA</b>						22. Name and Location of Position's Organization <b>90342470 EPA, REGION 3 PHILADELPHIA, HAZARDOUS SITE CLEANUP DIVISION, REMOVAL BRANCH, SITE ASSESSMENT &amp; CEPP SECTION PHILADELPHIA, PENNSYLVANIA</b>																	
<b>EMPLOYEE DATA</b>																							
23. Veterans Preference <b>(b) (6)</b> 1 - None 2 - 5-Point 3 - 10-Point/Disability 4 - 10-Point/Compensable 5 - 10-Point/Other 6 - 10-Point/Compensable/30%						24. Tenure <b>1</b> 0 - None 1 - Permanent 2 - Conditional 3 - Indefinite						25. Agency Use <b>8</b>		26. Veterans Preference for RIF <b>(b) (6)</b>									
27. FEGLI <b>(b) (6)</b>						28. Annuitant Indicator <b>9 NOT APPLICABLE</b>						29. Pay Rate Determinant <b>0</b>											
30. Retirement Plan <b>K FERS &amp; PICA</b>						31. Service Comp. Date (Leave) <b>(b) (6)</b>						32. Work Schedule <b>F FULL TIME</b>						33. Part-Time Hours Per Biweekly Pay Period <b>00</b>					
<b>POSITION DATA</b>																							
34. Position Occupied <b>1</b> 1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserved						35. FLSA Category <b>N</b> E - Exempt N - Nonexempt						36. Appropriation Code <b>8308</b>						37. Bargaining Unit Status <b>0011</b>					
38. Duty Station Code <b>42-6540-101</b>						39. Duty Station (City - County - State or Overseas Location) <b>PHILADELPHIA, PENNSYLVANIA</b>																	
40. AGENCY DATA <b>001</b>		41. <b>11-30-97</b>		42.		43. <b>AYM</b>		44. <b>10-09-88 Y 07-02-89 A</b>															

45. Remarks

THIS ACTION CONVERTS YOUR FEGLI (FEDERAL EMPLOYEES' GROUP LIFE INSURANCE PROGRAM) CODE TO THE NEW EQUIVALENT 2-CHARACTER CODE ASSIGNED BY THE OFFICE OF PERSONNEL MANAGEMENT. SEE BLOCK 27 ABOVE. THIS ACTION DOES NOT CHANGE YOUR FEGLI COVERAGE.

46. Employing Department or Agency <b>ENVIRONMENTAL PROTECTION AGENCY</b>			50. Signature/Authentication and Title of Approving Official <b>DEPUTY, K-R, MGMT. BRANCH</b> <b>ANGELA D. MOEBY</b>		
47. Agency Code <b>EP 00</b>		48. Personnel Office ID <b>3260</b>		49. Approval Date <b>04-25-99</b>	





# HEALTH BENEFITS REGISTRATION FORM

Form Approved:  
OMB No. 3206-0160

• Complete Part A and Parts B, C,  
D, and E as applicable.

• Do not separate the copies. Your employing office will certify the completed form and return your copy to you.

• Type or Print Firmly.  
• Sign and date in Part F.

## PART A - Fill in this part.

1. Name (Last, first, middle initial) <b>MILLER LORI</b>	2. Social Security number <b>(b) (6)</b>	3. Date of birth (mo., day, yr.) <b>(b) (6)</b>
4. Your home mailing address (Include ZIP code) <b>(b) (6)</b>	5. Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	6. Are you now married? <b>(b) (6)</b>
	7. Daytime telephone number <b>(b) (6)</b>	

## PART B - Fill in this part if you wish to enroll or change your enrollment in the Federal Employees Health Benefits (FEHB) Program.

1. I elect to enroll in a health benefits plan as shown below. (Copy the information requested below from front cover of brochure of the plan you select.)					
Name of plan <b>(b) (6)</b>					Enrollment code <b>(b) (6)</b>
2a. Names of family members	2b. ZIP code	2c. Date of birth (mo., day, yr.)	2d. Sex	2e. Relationship "code"	2f. Social Security number (See Instructions)
		/ /			
		/ /			
		/ /			
		/ /			
		/ /			

3a. Do you, your spouse or any other eligible family members have any group health insurance coverage other than the FEHB plan in which you are now enrolling or enrolled? <b>(b) (6)</b> Yes <input checked="" type="checkbox"/> Complete 3b
3b. Type of insurance <input checked="" type="checkbox"/> Medicare <input type="checkbox"/> No <input type="checkbox"/> Yes Indicate part(s) <input type="checkbox"/> CHAMPUS <input type="checkbox"/> Other private (specify name)

## PART C - Fill in this part, as well as PART B, to change enrollment.

1. Present Plan name <b>(b) (6)</b>	2. Present Plan enrollment code <b>(b) (6)</b>	3. Number of event that permits change (See Table of Permissible Changes) <b>(b) (6)</b>	4. Date of event that permits change (mo., day, yr.) <b>12/21/98</b>
--	---	---	---

## PART D - Employees Only

Place an "X" in the box below if you wish NOT TO ENROLL in the FEHB Program.

<input type="checkbox"/> I elect not to enroll in the Federal Employees Health Benefits Program.
--

My signature in PART F certifies that I have read and understand the information regarding this election.

## PART E - CANCELLATION

Place an "X" in the box below if you wish to CANCEL your enrollment.

<input type="checkbox"/> I elect to cancel my enrollment in the Federal Employees Health Benefits Program. I am currently enrolled under the code shown at the right.
---

My signature in PART F certifies that I have read the information in the instructions regarding cancellation of enrollment and that I understand that I must meet the 5-year requirement to qualify for FEHB coverage after retirement.

## PART F - Fill in this part.

WARNING: Any intentionally false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001.)

1. Your signature (Do not print) <b>Lori Miller</b>	2. Date <b>1/14/99</b>
--	---------------------------

## PART G - To be completed by agency.

1. Name and address of employing office <b>U.S. ENVIRONMENTAL PROTECTION AGENCY, REGION III HUMAN RESOURCES MANAGEMENT BRANCH, 3PM40 1650 ARCH STREET PHILADELPHIA, PA 19103-2029</b>	2. Date received in employing office <b>01-21-99</b>	3. Effective date of action <b>01-31-99</b>	4. SF 2811 report number
	5. Payroll office number <b>68-01-0015</b>	6. Payroll contact and telephone number <b>MELISSA RYE (202) 565-2550</b>	
	7. Personnel contact and telephone number <b>JACQUELYNE SHINES, EMPL. REL. SPEC (215) 814-5334</b>		
	8. Signature of authorized agency official <b>Jacquelyne Shines</b>	9. Phone number <b>(SAME AS ABOVE)</b>	

Remarks

**MOVED FROM SERVICED AREA**



U.S. ENVIRONMENTAL PROTECTION AGENCY REGION III  
 HUMAN RESOURCES MANAGEMENT BRANCH, 3PM40  
 1650 ARCH STREET  
 PHILADELPHIA, PA 19103-5059  
 215-260-1000





## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle)

MILLER, LORI

2. Social Security Number  
(b) (6)3. Date of Birth  
(b) (6)

4. Effective Date

01-03-99

## FIRST ACTION

## SECOND ACTION

5-A. Code  
8945-B. Nature of Action  
PAY ADJ

6-A. Code

6-B. Nature of Action

5-C. Code  
QWM5-D. Legal Authority  
REG 531.205

6-C. Code

6-D. Legal Authority

5-E. Code  
ZLM5-F. Legal Authority  
E.O. 13106

6-E. Code

6-F. Legal Authority

7. FROM: Position Title and Number

N6083N

ENVIRONMENTAL PROTECTION ASSISTANT

15. TO: Position Title and Number

N6083N

ENVIRONMENTAL PROTECTION ASSISTANT

8. Pay Plan  
GS9. Occ. Code  
002910. Grade/Level  
0711. Step/Rate  
0412. Total Salary  
\$29293.0013. Pay Basis  
PA16. Pay Plan  
GS17. Occ. Code  
002918. Grade/Level  
0719. Step/Rate  
0420. Total Salary/Award  
\$30379.0021. Pay Basis  
PA12A. Basic Pay  
27206.0012B. Locality Adj.  
2087.0012C. Adj. Basic Pay  
29293.0012D. Other Pay  
0.0020A. Basic Pay  
28051.0020B. Locality Adj.  
2328.0020C. Adj. Basic Pay  
30379.0020D. Other Pay  
0.00

14. Name and Location of Position's Organization

90342470

EPA, REGION 3 PHILADELPHIA,  
HAZARDOUS SITE CLEANUP DIVISION,  
REMOVAL BRANCH,  
SITE ASSESSMENT & CEPP SECTION  
PHILADELPHIA, PENNSYLVANIA

22. Name and Location of Position's Organization

90342470

EPA, REGION 3 PHILADELPHIA,  
HAZARDOUS SITE CLEANUP DIVISION,  
REMOVAL BRANCH,  
SITE ASSESSMENT & CEPP SECTION  
PHILADELPHIA, PENNSYLVANIA

## EMPLOYEE DATA

23. Veterans Preference

(b) (6)

1 - None  
2 - 5-Point3 - 10-Point/Disability  
4 - 10-Point/Compensable5 - 10-Point/Other  
6 - 10-Point/Compensable/30%

24. Tenure

1

0 - None  
1 - Permanent  
2 - Conditional  
3 - Indefinite

25. Agency Use

8

26. Veterans Preference for RIF

(b) (6)

27. FEGLI

(b) (6)

28. Annuitant Indicator

9

NOT APPLICABLE

29. Pay Rate Determinant

0

30. Retirement Plan

K FERS &amp; FICA

31. Service Comp. Date (Leave)

(b) (6)

32. Work Schedule

F

FULL TIME

33. Part-Time Hours Per Biweekly Pay Period

00

## POSITION DATA

34. Position Occupied

1

1 - Competitive Service  
2 - Excepted Service

3 - SES General

4 - SES Career Reserved

35. FLSA Category

H

E - Exempt  
N - Nonexempt

36. Appropriation Code

8308

37. Bargaining Unit Status

0011

38. Duty Station Code

42-6540-101

39. Duty Station (City - County - State or Overseas Location)

PHILADELPHIA, PENNSYLVANIA

40. AGENCY DATA

001

41.

11-30-97

42.

43.

AYM

44.

10-09-88 Y 07-02-89 A

45. Remarks

SALARY INCLUDES A GENERAL INCREASE OF 3.1 PERCENT AND A  
LOCALITY PAYMENT APPLICABLE IN THIS AREA.

46. Employing Department or Agency

ENVIRONMENTAL PROTECTION AGENCY

47. Signature/Authentication and Title of Approving Official

DEPUTY H.R. MGMT. BRANCH

ANGELA D. MOSBY

47. Agency Code

EP 00

48. Personnel Office ID

3260

49. Approval Date

01-03-99

# NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) <b>MILLER, LORI</b>				2. Social Security Number <b>(b) (6)</b>		3. Date of Birth <b>(b) (6)</b>		4. Effective Date <b>08-16-98</b>			
<b>FIRST ACTION</b>				<b>SECOND ACTION</b>							
5-A. Code <b>885</b>		5-B. Nature of Action <b>PERFORMANCE AWARD</b>		6-A. Code		6-B. Nature of Action					
5-C. Code <b>V4D</b>		5-D. Legal Authority <b>5 U.S.C. 4505A</b>		6-C. Code		6-D. Legal Authority					
5-E. Code		5-F. Legal Authority		6-E. Code		6-F. Legal Authority					
7. FROM: Position Title and Number <b>N6083N ENVIRONMENTAL PROTECTION ASSISTANT</b>				15. TO: Position Title and Number <b>N6083N ENVIRONMENTAL PROTECTION ASSISTANT</b>							
8. Pay Plan <b>GS</b>		9. Occ. Code <b>0029</b>		10. Grade/Level <b>07</b>		11. Step/Rate <b>04</b>		12. Total Salary <b>\$29293.00</b>		13. Pay Basis <b>PA</b>	
12A. Basic Pay <b>27206.00</b>		12B. Locality Adj. <b>2087.00</b>		12C. Adj. Basic Pay <b>29293.00</b>		12D. Other Pay <b>0.00</b>		16. Pay Plan		17. Occ. Code	
18. Grade/Level		19. Step/Rate		20. Total Salary/Award <b>\$750.00</b>		21. Pay Basis		20A. Basic Pay		20B. Locality Adj.	
20C. Adj. Basic Pay		20D. Other Pay		22. Name and Location of Position's Organization <b>90342470 EPA, REGION 3 PHILADELPHIA, HAZARDOUS SITE CLEANUP DIVISION, REMOVAL BRANCH, SITE ASSESSMENT &amp; CEPP SECTION PHILADELPHIA, PENNSYLVANIA</b>							
<b>EMPLOYEE DATA</b>											
23. Veterans Preference <b>(b) (6)</b>				24. Tenure <b>1</b> 0 - None 1 - Permanent 2 - Conditional 3 - Indefinite				25. Agency Use <b>8</b>		26. Veterans Preference for RIF <b>(b) (6)</b>	
27. FEGLI <b>(b) (6)</b>				28. Annuitant Indicator <b>9</b> NOT APPLICABLE				29. Pay Rate Determinant <b>0</b>			
30. Retirement Plan <b>K</b> FERS & FICA				31. Service Comp. Date (Leave) <b>(b) (6)</b>				32. Work Schedule <b>F</b> FULL TIME			
33. Part-Time Hours Per Biweekly Pay Period <b>00</b>				34. Position Occupied <b>1</b> 1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserved							
35. FLSA Category <b>1</b> E - Exempt N - Nonexempt				36. Appropriation Code <b>8308</b>				37. Bargaining Unit Status <b>0011</b>			
38. Duty Station Code <b>42-6540-101</b>				39. Duty Station (City - County - State or Overseas Location) <b>PHILADELPHIA, PENNSYLVANIA</b>							
40. AGENCY DATA <b>001</b>		41. <b>11-30-97</b>		42.		43. <b>AYM</b>		44. <b>10-09-88 Y 07-02-89 A</b>			
45. Remarks											

46. Employing Department or Agency  
**ENVIRONMENTAL PROTECTION AGENCY**

47. Agency Code  
**EP 00**

48. Personnel Office ID  
**3260**

49. Approval Date  
**08-16-98**

5-Part 50-318

50. Signature/Authentication and Title of Approving Official  
**DEPUTY, H.R. MGMT. BRANCH**  
*Angela D. Mosby*  
**ANGELA D. MOSBY**

File After 6/30/93  
540-01-333-8238



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION III  
841 CHESTNUT BUILDING  
PHILADELPHIA,, PENNSYLVANIA 19107

Personnel Action Notification

(Approved SF-50 Exception)

Nature of Action Code and Action: 9XX/Change in Organization Name

Authority Code and Authority: UNM/Agency Letter

Dated: November 11, 1997

Effective Date: 01-18-98

Authorizing Official: *Angela D. Mosby*  
ANGELA D. MOSBY

Deputy, Human Resources Mgmt. Br.

Date: 01-18-98

Effective this date the Hazardous Waste Management Division is redesignated as the Hazardous Site Cleanup Division. Type of appointment, position, grade, salary, location code, agency code, and personnel office ID of the following employees who were assigned to the Hazardous Waste Management Division remain unchanged.

NAME

(b) (6)

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